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Report...January, 1917

Boston

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REPORT

OF THE

SPECIAL COMMISSION TO INVESTIGATE THE EXTENT OF THE USE OF HABIT-FORMING DRUGS.

JANUARY, 1917.

BOSTON:
WRIGHT & POTTER PRINTING CO., STATE PRINTERS,
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MEMBERS OF THE COMMISSION.

FRANK G. WHEATLEY, M.D., *Chairman.*

HERMANN C. LYTHGOE, *Director, Division of Food and Drugs, State Department of Health.*

ABRAHAM C. WEBBER, *Assistant District Attorney, Suffolk District.*

The Commonwealth of Massachusetts.

RESOLVES, 1916, CHAPTER 112.

RESOLVE PROVIDING FOR THE APPOINTMENT OF THE COMMISSION.

Resolved, That a commission of three members, of whom one shall be the head of a division of the state department of health, and another shall be one of the several district attorneys of the commonwealth or one of their assistants, shall be appointed by the governor to investigate the extent of the use of habit-forming drugs in this commonwealth and the effectiveness of the laws intended to regulate and to prevent the increasing use of the same. The commission shall serve without compensation, shall have a room in the state house assigned for its use, shall give such public hearings as it may deem necessary, and may employ such assistance, clerical or otherwise, and incur such expense necessarily incidental thereto as may be approved by the governor and council. The commission shall report its findings to the next general court, not later than the tenth day of January, with any recommendations which it deems advisable.

The Commonwealth of Massachusetts.

BOSTON, MASS., Jan. 3, 1917.

To the General Court of Massachusetts.

In accordance with the provisions of chapter 112 of the Resolves of 1916, entitled "Resolve providing for the Appointment of a Commission to investigate the Use of Habit-forming Drugs and the Effectiveness of the Laws pertaining thereto," we have the honor to submit the following report.

REPORT OF THE COMMISSION.

Introductory Statement.

This Commission was created by chapter 112 of the Resolves of 1916, approved May 20, 1916. The members of the Commission were appointed by the Governor on July 5, 1916, and were confirmed by the Council. The Commission was instructed by the resolve "to investigate the use of habit-forming drugs and the effectiveness of the laws pertaining thereto," and to report to the General Court on or before the tenth day of January, 1917. Later, under chapter 367 of the Special Acts of 1916, a sum not exceeding $1,000 was appropriated for the expenses of the Commission.

The Commission has availed itself of the experience of many persons who are familiar with the subject, has held public hearings, has had many interviews with drug users, has visited institutions, and has had recourse to considerable data of much value that have been collected by the Hon. Joseph C. Pelletier, district attorney of Suffolk district, with the assistance of the police department of the city of Boston.

Previous Investigations.

The Commission has ascertained that two previous investigations have been made relative to the use of narcotic drugs. In the year 1872 the State Board of Health submitted to the Legislature of Massachusetts in their third annual report a dissertation upon the use and abuse of opium, by Dr. F. E. Oliver. Letters were sent to the various physicians throughout the State, asking, first, if preparations of opium were used by people except for the relief of pain, and, secondly, if the injurious use of opium had increased recently, and, if so, the cause of such increase. The statistics and the replies received from these physicians did not indicate that the use of opium was any more exten-

sive than formerly, although it was thought that in many parts of the State the opium habit was more or less prevalent. It was computed at that time that there were not less than from 80,000 to 100,000 addicts in the country; the number in Massachusetts was a matter of conjecture.

The use of opium was found to be very prevalent among women, and to be very widespread throughout the State. In Boston, Charlestown, Worcester and New Bedford the number of addicts was very much larger than in the country districts, although one prominent Boston druggist stated that the sales of opium preparations to the country trade were out of proportion to those of other drugs. Another Boston druggist stated that he had but one customer. In this report reference was made to the use of proprietary drugs whereby persons could acquire the opium habit. No specific recommendations were made to the Legislature in this report.

A resolve of the Legislature of 1888 directed the State Board of Health to make an investigation concerning the sale and use of opium and to suggest remedies. The investigation was made by Dr. B. N. Hartwell of Ayer, and the report is found in the twentieth annual report of the State Board of Health for 1888.

Questionnaires were sent to a large number of druggists and physicians, inquiring as to the amount of opium sold, the apparent increase or decrease in its use, the relation between alcoholics and opium users, the form in which opium is employed, the increase or decrease in the use of patent medicines and alleged opium cures containing opium, the class of people using opium, and what remedies could be applied to curtail the evil. The report states that "the beginning of the opium habit was caused by the thoughtless actions of physicians and druggists." It was suggested that "only educated physicians should be allowed to practice in the State, thereby reducing the amount of opium sold." It was also found that the use of patent medicines containing opium was detrimental because people would be using opium without the advice of their physician, and the recommendation was made that a law, similar to that of New York, be passed, providing that all mixtures containing opium or any

of its preparations should distinctly state, by label or otherwise, the name and amount of the drug contained therein. The report closes with a short appendix, giving the names of twenty-five proprietary medicines containing more or less opium.

The result of these investigations has been the establishment of boards of registration in medicine, dentistry, veterinary medicines and pharmacy, and no one can practice any of these professions without satisfying one of these boards of his fitness. Also, as a result of these investigations, laws were passed and enforced as to proprietary or patent medicines that have eliminated them as a factor in the development of the narcotic drug habit. Notwithstanding these changes, your Commission finds that the use of narcotic drugs in the Commonwealth is increasing.

Prevalence of Drug Habit in Massachusetts.

Statements and estimates now made by experts as to the number of drug addicts in this country vary from one to two million. On this basis, it may be reasonably assumed that there are 60,000 drug addicts in this State. The habit is general in all the States. The habitual user of narcotic drugs, or addict as he is termed, is more frequently found in the large rather than in the small cities and rural districts.

Data upon which even approximately accurate estimates could be formed are not readily available. The exact number of addicts, however, is not for present purposes essentially important, since it has been sufficiently demonstrated to your Commission that the drug habit is so prevalent in this State that comprehensive legislation is necessary to deal more effectively with the subject.

The lack of effective laws regulating the distribution of these drugs must necessarily foster the drug habit. It is an established fact that the addict will not voluntarily seek treatment for his habit, except in rare cases, until his drug supply is shut off. The superintendent of the Norfolk State Hospital reported at a hearing of this Commission that over 90 per cent. of those that apply for treatment do so because of difficulty in securing drugs, and that most of the relapses

after being discharged as cured by the hospital are wholly traceable to some newly discovered method by which the drugs can be procured. All labors in the direction of curing drug addicts must prove futile unless drug distribution in this State is absolutely controlled.

The habit-forming narcotic drugs commonly used in this Commonwealth by addicts are opium and its derivatives, morphine, heroin and codeine, cocaine in the form of hydrochloride and rarely other drugs.

The following figures may throw some light upon the drugs and their importance as used by addicts: of 128 drug cases admitted at the State Hospital, 90 were users of morphine, 19 of heroin, 9 of morphine and cocaine, 7 of morphine and heroin, 1 of heroin and cocaine, 1 of morphine, heroin and cocaine, and 1 of cocaine.

Of 267 addicts who were supplied with drugs by a physician for the so-called cure of the habit, 89 stated that they were users of morphine and cocaine; 80 of morphine alone; 48 of morphine, cocaine and heroin; 19 of morphine and heroin; 12 of heroin alone; 11 were users of opium; 5 of heroin and cocaine; and 1 of codeine and heroin; 78 stated that they had been originally opium smokers, all of whom, with the exception of 10, were now using other drugs, principally morphine, and morphine and cocaine.

The habitual use of narcotic drugs is not confined to any particular class of people, or to any particular trade, occupation or calling. Some conception as to how such use of drugs has pervaded the various walks of life may be obtained from the following summary compiled from a record of a single physician engaged in a thriving practice among addicts. Of course, in analyzing this some consideration should be given to the element of deception that usually enters such transactions. Of 254 people who applied for drugs to this physician in the course of nine months, 171 were male and 83 were female. Of the males, 115 were unmarried and 56 married; and of the females, 36 were unmarried and 47 married.

As to the ages of these patients, it is significant to observe that in no instance did a patient give his age as under

twenty-one, although it is a well-known fact that many addicts are under this age. The ages given were as follows: 177 were between twenty-one and thirty, 70 between thirty-one and forty, 10 between forty-one and fifty, 1 was fifty-three, and 1 was sixty-one.

A tabulation of the occupations represented were: 10 actors, 9 actresses, 2 advertising agents, 3 bell boys, 1 brush maker, 4 barbers, 1 broker, 1 auto truck builder, 1 bookbinder, 1 bookkeeper, 2 brakemen, 16 clerks, 1 cook, 1 chef, 2 carpenters, 1 cleanser, 2 candy workers, 7 chauffeurs, 1 cigar maker, 2 dressmakers, 1 dancer, 1 dishwasher, 3 electricians, 1 engraver, 2 expressmen, 2 elevator men, 1 freight clerk, 1 freight car sealer, 1 factory hand, 2 firemen, 1 forelady, 1 dealer in furniture, 1 glazier, 15 housewives, 5 housemaids, 2 hostlers, 1 huckster, 2 interior decorators, 1 insurance agent, 1 iron worker, 1 iceman, 1 janitor, 1 jeweler, 1 laundress, 3 laborers, 1 laundryman, 1 longshoreman, 2 mechanics, 1 manicurist, 9 machinists, 1 mason, 1 milliner, 2 musicians, 1 messenger, 1 night watchman, 1 nurse, 1 porter, 1 pyrographer, 2 piano workers, 8 painters, 2 pianists, 1 publisher, 1 pantryman, 1 packer, 1 printer, 2 peddlers, 1 picture solicitor, 1 real estate agent, 1 roofer, 2 rubber workers, 1 restaurateur, 3 salesladies, 13 salesmen, 3 shoe workers, 1 student, 2 solicitors, 1 ship fitter, 1 shipper, 6 stage hands, 2 tailors, 6 teamsters, 1 traveling salesman, 11 waiters and 14 waitresses, 1 wardrobe woman, 1 weigher, 4 miscellaneous and 23 giving no occupation.

Effect of Narcotic Drugs on Health.

A physician who has made a special study of the effect of drugs upon the human system testified, in part, as follows before the commissioners: —

Beginning with a small, nonpoisonous dose of the morphine the victim is enabled generally to take more and more of the drug, until finally he may use from 60 to 100 times the amount which would be fatal to one not accustomed to its use. As a result of the continued taking of the drug, the user becomes in most cases a most deplorable mental, moral and physical wreck.

There are two distinct features in an average case of chronic mor-

phinism: one is the ability on the part of the user's system increasingly to destroy the drug, so that he may take more and more without actually endangering life; the other is the development of an appetite or craving for the drug, which finally overcomes every scruple, every mental or moral principle. When the habit has become established, we see the following picture. The victim is nervous, morose, his sense of moral obligation is gone, and his will power has ebbed away. He has lost all ambition, and has become indolent and apathetic. He is quite unable to do any mental or physical work, and his health is undergoing a rapid decline. He has become emaciated, his skin yellow and leathery, his body is covered with abscesses from injections which were followed by sepsis. His eyes stare, his mind has lost the power of memory, and of reasoning and reflection. He has lost his appetite, he is restless, apprehensive and extremely irritable; his shattered nerves are upset by the most trifling disturbance. He is the victim of distressing hallucinations.

Every injection of morphine causes temporary relief of these symptoms, but the symptoms return when the immediate effect of the drug is lost, together with an almost insane craving for the drug. Such is the picture of many cases of chronic morphinism, and such it continues to the end, even if this end is deferred for many years. The last years of a morphinist are most pitiable; all his interests and desires in life are centered in the drug; he lives literally only in and for morphine.

Cocaine is snuffed, or is injected subcutaneously. Cocaine poisoning causes dryness of the throat and nose, with a tickling and burning sensation. The victim has a burning sensation in the stomach and complains of colic. He has no appetite; his pulse is rapid; he has Cheyne-Stokes respiration. These symptoms are followed by a feeling of elation, with laughing, loud and aimless talking, staggering and wild hallucinations. Then comes depression, with melancholia, and fear of persecution. For the moment he is truly insane, and is capable of committing any crime, even murder. He suffers from pain in the chest, and he feels as if he were about to faint. His face is pale; he sees specks before his eyes; he is dizzy and cyanotic, and in complete collapse; he feels cold, and has a sensation of ants creeping all over his body; there may be a partial loss of sensation; the victim shows a diminished sense of smell, of sight, and of hearing; there may be even temporary total blindness; his eyelids are wide open and the pupils are dilated and fixed. The continued wide-open state of the eyes may lead to inflammation, and even clouding of the cornea. The pulse, which has been rapid, suddenly becomes slow and intermittent; there is greatly increased reflex irritability, with, at times, spasmodic movements, or even epileptiform or tonic convulsions; sometimes there is a true tetanic spasm. The convulsions are followed by paralysis.

The symptoms of chronic cocainism are in general like those of morphinism, except that the moral degradation which follows the continued use of cocaine is much greater than that of morphine. The victims lose all sense of their moral and social obligations, and their self-respect vanishes more rapidly and more completely than with morphine. It is a curious fact that it is rarely that we find clear cases of either morphinism or cocainism in the underworld, most of the addicts being users of both morphine and cocaine. In these cases of morpho-cocainism, however, the use of one drug usually predominates over that of the other, and the case shows, in general, the signs and symptoms produced by the drug which is taken in the greater amount. Those who use chiefly cocaine show a greater tendency to hallucinations and maniacal excitement than the users of morphine, in whom the desire for sleep is more pronounced.

Sources of the Narcotic Drug Study.

The responsibility for the illegitimate distribution of habit-forming drugs rests with the drug peddler and certain physicians and druggists.

The Drug "Peddler."

The drug peddler, as he is called, plies his trade upon city streets and in and about hotels and restaurants. The ease with which drug prescriptions have been secured and filled has almost driven the drug peddler out of the community, as the peddler's rates are extremely high, but following recent prosecutions in Boston against certain physicians and druggists, the peddler has reappeared and is doing business.

The Commission believes that with the changes in the law herein recommended, the police authorities will be amply able to cope with the peddler.

The Physician and Druggist.

In view of the fact that physicians and druggists are licensed by the Commonwealth to handle habit-forming drugs, the control of their illegitimate activities is extremely difficult.

It is not the intention of this Commission to recommend any interference with the honest and legitimate practice of medicine. The physician's honest professional judgment should be his sole guide in the treatment of patients. Likewise, the right of the physician to *administer* any remedies

which he believes necessary to prevent, cure, or alleviate diseases and suffering should be free from unnecessary restraint.

Both opium and cocaine are very valuable therapeutic agents, and their use in properly selected pathological conditions in the hands of competent, conscientious physicians should not be restricted.

Your Commission has ascertained that certain abuses have crept into the practice of medicine in respect to the treatment of narcotic drug cases. While these practices are confined to a very limited number of physicians, still the damage caused by them is incalculable. No doubt, while the existence of the drug habit is traceable to some extent to the careless use of drugs by unintelligent practitioners of medicine, it must be admitted that, of recent years, physicians, as a rule, have endeavored to discourage the general and indiscriminate use of narcotic drugs.

The habitual user of morphine and other narcotic drugs should not be regarded as a chronic incurable. He can be cured. His cure, however, requires special treatment and conditions not available to the general practitioner. *There can be no honest drug habit cure or treatment that permits the drug victim to administer the drug to himself.*

While your Commission has pointed out that the *administering* of any remedy by a physician should be protected, a sharp line of demarcation should be drawn between the *administering* of narcotic drugs and the *prescribing* of them.

It has been found that some physicians by means of prescription, and, in many cases, by actual delivery of the drug itself, have caused large quantities of narcotic drugs to be given to addicts for self-administration, and no precautions were taken to prevent the drug from being passed from hand to hand. Common sense alone would indicate to these physicians that the addict can in this way procure large quantities of the drug from other physicians.

The delivery of narcotics to an addict in course of a so-called "reducing treatment," for the cure of the drug habit, is but a transparent pretext, and merely perpetuates the drug evil and places in circulation large quantities of dangerous

habit-forming drugs. The quantity of the drug that can be thus acquired by addicts is only limited by the money at their command. The rank and file of the medical profession wholly repudiate this practice.

Under this "reducing treatment" the physician prescribes for the addict (usually a user of some form of morphine) a dram bottle of morphine sulphate in its original package, containing about 60 grains in one-half or one-quarter grain cubes. Every few days a similar prescription is issued, the claim being made by the physician that the period between prescriptions is being gradually increased a day or two at a time. Another method more commonly resorted to is for the initial prescription to call for a full dram bottle, and each succeeding prescription for a single grain less than the preceding one. At this rate, it would take from eight to ten months for an addict to reduce his habit from 60 grains to 10 grains, providing, however, the addict was not being supplied with drug elsewhere.[1]

An examination of many prescriptions that have been gathered show that, as a general rule, this so-called treatment does not continue many months. The addict either goes to another "drug physician," or, by design, is given another name for the purpose of procuring a larger quantity of the drug. In one instance, the records on the physicians' book showed single grain decreases between prescriptions for several weeks, and then a statement "*returned with increased habit,*" and thereafter prescriptions were issued for larger quantities of the drug.

This practice discloses the following abuses of the drug laws: —

Prescriptions have been issued and dated ahead and many "sold" at one time by physicians to the same addict.

Druggists disregard the exact quantity of the drug called for by the prescription and deliver full dram bottles when much less quantities were called for, it being generally understood among addicts that such prescriptions will be so filled.

[1] The physician in charge of one of the largest prisons in this country informed the Commission that the institution has used less than one dram (60 grains) of morphine sulphate during the past two years, and the largest dose administered at any time did not exceed one-ixth of a grain.

Addicts have clubbed together for the purpose of sending in one of their number to procure a prescription and to divide the drug so obtained. The other addicts alternate in securing prescriptions.

In many instances when husband and wife are both addicts, one is able to secure a sufficient supply for both.

There appears to be among these physicians no honest effort to ascertain either the true names, addresses, or the truth of other statements made by these patients; or, on the part of the druggists, to ascertain whether the prescriptions have been honestly issued, and whether the person named in the prescription is the identical person presenting it to be filled.

Frequently simple cathartics and tonics are delivered or included in the same prescriptions with the drug. This practice is intended as an artifice for the protection of the physician issuing the prescription. These substances are invariably thrown away by the addict after he leaves the physician's office, and when a prescription calls for delivery of such substances, in most cases, the addict informs the druggist that only that part of the prescription calling for the narcotic is desired, and the prescription is so filled.

The extent of this illicit commerce participated in by these "drug physicians "will perhaps be appreciated from data that are at hand from investigations in the city of Boston alone. One physician wrote over 800 prescriptions in twenty days, and received the usual charge of $2 for each prescription. Another physician wrote over *1,000* prescriptions within a few months, *upon each of which* it was stated that the patient was a habitual user, and was reducing, and was also a sufferer from "asthma." The prescriptions, taken together, fail to indicate how the patient was reducing, as no scientific method or system is followed in the issuing of the prescriptions. Here, strangely enough, all the drug addicts that applied to this physician for their drug were afflicted with one and the same ailment, — asthma.

Four thousand and fifty-five prescriptions, issued by one physician from May to September, 1916, were found in a single drug store in Boston. One hundred and fifty-six prescriptions of the same physician were found in another drug store, and 99 in a third drug store, between the same dates. Of another physician's prescriptions, 200 were found to have been filled by a single druggist between November 6 and 13, 1916.

These prescriptions, with few exceptions, called for one dram of morphine sulphate, and, in many instances, as high as 40 grains of cocaine hydrochloride, and frequently both were included in the same prescription. The exact number and extent of drug prescriptions issued by these physicians may well have been largely in excess of these figures.

Instances of the participation of drug stores in this traffic, that have been called to the attention of the Commission, are as follows: One drug store in Boston, during the months of June, July, August and September, 1916, received and filled 4,736 of these prescriptions. Two other drug stores within this same period filled 1,379 and 723. In many instances the prescriptions themselves contain no direction to the addict to go to any particular druggist. The addict soon discovers the obliging druggist who will sell the drug this way. It is to be said, to the credit of the retail druggist, that the great majority of them refuse to fill these prescriptions on principle, and will carry only the necessary amount of narcotics to do a legitimate prescription business.

One druggist filled 29 forged prescriptions within ten days, all of which were presented by the same person, although the prescriptions purported to be issued to 29 different persons. The physician whose name was forged was reputable and could have been readily called on the telephone by the druggist. The prescriptions themselves were written on pieces of wrapping paper and were suspicious on their face. All called for almost a dram of morphine sulphate, and from 20 to 30 grains of cocaine, and in most cases, both. Four of the prescriptions were presented and filled at the same time, and for the same person, by this druggist, although each prescription, as has been stated, purported to be issued to a different person. Still, no effort was made by the druggist to ascertain the truth.

Inadequacy of Present Laws.

The Commission finds that the present laws are inefficient, and should be strengthened in regard to the following matters: —

1. They are not easily understood and are capable of misinterpretation. The words "obviously needed for therapeutic purposes" should be further defined.

2. Enforcement of the laws should be made more certain by the adoption of simplified pleading forms.

3. The penalties for violations of the law are inadequate and should be increased, and new offences defined.

4. Places resorted to by drug addicts should be declared and treated as common nuisances, and the police authorities should be given the right to arrest without warrant in certain cases.

5. The hypodermic syringe and needle should be kept from the addict and the sale of these instruments regulated.

6. The Boards of Registration in Medicine, Dentistry, Pharmacy and Veterinary Medicine should be given broader powers to cancel and revoke registrations and licenses.

7. The sale and distribution of narcotic drugs by wholesale and retail druggists should be further restricted.

8. The State Department of Health should be empowered to make rules and regulations for the distribution of narcotic drugs through druggists.

9. Private hospitals and sanatoria should be specially licensed and subject to rigid inspection.

10. Provision should be made for institutional treatment and care of noncriminal addicts.

11. Additional provision should be made for the collection of statistics as to the extent of the use of narcotic drugs in the Commonwealth.

The recommendations for legislation will be found in the Appendix. In making changes in existing laws, the context has been retained as nearly as possible in its present form so as to indicate clearly the changes recommended.

1.

There has been much objection and complaint as to the meaning of the statute of 1915, chapter 187, of the present act, and the Commission recommends an act to be substituted therefor in which it has been the endeavor of the Commission to explain the meaning and intent of the law, where such explanation is necessary, by more careful and complete language. The words "obviously needed for therapeutic purposes" in section 2 of the present statute (St. 1915, c. 187) is liable to be misinterpreted. The changes suggested in this respect are self-explanatory and tend to clear many doubts that have existed as to the meaning of the law. It is to be observed that as this section now reads, it is only a violation to prescribe narcotic drugs to a habitual user "unless obviously needed for therapeutic purposes," but not to any one else, when not obviously so needed.

2.

It is difficult as the law now stands to draw complaints and indictments because of the rules of criminal pleading requiring exceptions to be negatived. For example, when a person is charged with the simple offence of unlawful delivery of a narcotic drug, the following involved form of complaint is now generally used: —

> That John Doe did unlawfully deliver to one Richard Roe certain salts of cocaine, to wit, cocaine hydrochloride, the delivery of said salts of cocaine not being then and there upon the written order of a manufacturer, jobber in drugs, wholesale druggist, registered pharmacist, physician, dentist, veterinarian registered under the laws of the Commonwealth of Massachusetts, nor of an incorporated hospital, college, nor of a scientific institution through the superintendent or officer in charge thereof, nor upon the written prescription of a physician, dentist, or veterinarian registered under the laws of the State in which he resides.

The Commission recommends the adoption of a schedule of the forms and pleadings in criminal prosecutions which would be in harmony with Revised Laws, chapter 218 (sim-

plified pleading act). The use of these pleadings are intended to protect the unfortunate addict from notoriety, will tend to prevent miscarriages of justice by acquittals upon technical grounds, and will simplify very much the labors of the authorities in prosecutions for violations of the law.

3.

The unlawful selling and delivery of narcotic drugs should be made a felony, and the penalties for other violations of narcotic drug laws should be substantially increased. New offences should be defined by statute. It should be an offence for a druggist to fill a prescription for narcotic drugs without using due diligence to ascertain whether the signature of the physician is genuine, and that he is a registered physician, and that the holder of such prescription is the person to whom it is actually issued, or to fill a prescription where it is clearly apparent that it has been unlawfully issued. It should be an offence for physicians and druggists to have any mutual understanding as to sharing profits on drug prescriptions. It should be an offence to make any material false representation to a physician or druggist for the purpose of procuring a narcotic drug. Advertising certain narcotic drug "cures" should be prohibited. Prescriptions for narcotic drugs should not be issued to minors under any circumstances; this will not interfere with administering drugs in any case where a physician conscientiously believes the same to be necessary.

4.

Although it would follow as a matter of law that police officers would be given the power to arrest as in other cases of felony, a specific authority should be given by law for this purpose, to avoid any question. This right is often granted in misdemeanors by statute. The granting of this power to police officers, it is believed, would not be used by them to the injury of innocent persons. It is deemed necessary to pass such a law, in view of the fact that most of the drug sellers have clever means of concealing the drug about their person, and officers in many cases naturally hesitate

about making an arrest under the present law even when they have good reason and ample information to believe that a guilty person is before them.

Places of common resort by drug addicts for the purpose of using or procuring their drugs should be declared a common nuisance and classified with places resorted to for prostitution, gaming and illegal sale of liquor.

5.

The Commission believes that much good will result from the passing of a law making the possession of the hypodermic needle by drug addicts unlawful, and regulating the sale of such instruments. The use of the hypodermic needle has generally superseded the opium pipe and other forms of drug taking; it permits the use of the concentrated drug with quick results, and is a very important factor in spreading the drug habit among the lower type of addicts. The needle habit, as it is called, is morbid and loathsome, and bodies of addicts are frequently covered with abscesses, caused by unclean instruments. The possession and use of this dangerous instrument should be confined exclusively to professional hands.

6.

In addition to other changes suggested in the present law, the Commission recommends as one of the most effective and practicable methods of dealing with the unscrupulous physician and druggist, that both the Boards of Registration in Medicine and Pharmacy be given the power to disbar physicians and pharmacists from the practice of their professions. In the same way, and for the same reasons, the Boards of Registration in Dentistry and Veterinary Medicine should be given similar power.

A physician cannot at the present time be disqualified from the practice of his profession for violation of any laws relating to the practice of medicine until he has been *convicted*, and then only upon a unanimous vote of the entire seven members constituting the Board of Registration in Medicine. There is no provision in the law for the disqualification of a registered dentist in any case.

Requiring a conviction involves, in most cases, the submission of a medical problem to laymen. The term *conviction* itself is open to many technical objections. To illustrate: a physician admitted his guilt, pleading "guilty," and his case was placed on file. Notwithstanding the nature of his offence and his admission of guilt, and his unfitness to practice medicine, grave doubts arose whether under the laws he was *convicted*. In another case similar doubts were raised, when, after a plea of "guilty," the court imposed a suspended sentence of one year's imprisonment.

The requirement that the seven members of the Board of Registration in Medicine unanimously vote to take action even after a conviction, seems unreasonable. A majority of such a large board, all eminent in their profession, can be safely entrusted with the power of expelling corrupt members of their profession. The Board is now powerless to prevent an insane physician from practicing medicine. Such a case is actually before the Board. Where a physician after committing the most serious offences, leaves the State so that a conviction cannot be had by reason of his absence, the Board cannot cancel and revoke his registration and prevent him from practicing elsewhere.

The responsibility cast upon the physician is great and the law should expect a high degree of integrity of him. The Supreme Judicial Court of this State has said: "The maintenance of a high standard of professional qualifications for physicians is of vital concern to the public health.

If Boards of Registration are competent judges of the qualifications of the members of their profession for admittance to practice, and can be safely trusted with this power, they should be equally competent judges of the fitness of such members to remain in practice. Very few physicians would care to risk their professional standing by being called to account for questionable practices before a tribunal composed of men skilled in the practice of medicine, but might be willing to take a chance to hoodwink a jury of twelve inexperienced laymen.

No one will gainsay the fact that the fear of disbarment is one of the greatest forces at work for the good of the legal

profession in keeping the bar free from questionable practices, and there can be no sound reason why the public should not be similarly protected as to other professions. By giving the Supreme Judicial Court of this Commonwealth the right to review any action or proceeding of any Board of Registration, ample protection to any aggrieved party in case of any abuse of this power is provided. The placing of responsibility for the maintenance of a high standard of professional conduct upon these Boards will tend to cause the members of these professions to work out among themselves many problems that are now often imperfectly attempted by means of hastily drawn and ill-considered legislation.

7.

To correct some of the abuses that have been herein described in respect to the writing and filling of prescriptions for narcotic drugs, the Commission recommends that section 1 of chapter 187, General Acts of 1915, be so amended as to require that narcotic drug prescriptions should have on their face the full name of the pharmacist who fills them; also a certificate or receipt, signed by the person who receives the drug; that the druggist shall verify the authority of the physician who issues the prescription; that the instructions for filling the prescriptions shall be followed in detail and without change; that no prescription shall be filled that is more than five days old; that the druggist shall affix to the container of the drug supplied on prescription, a label, so as to identify it at all times.

8.

In addition to the increased powers of the Board of Registration in Pharmacy, the State Department of Health should be given entire control of the distribution and dispensing of narcotic drugs. After careful consideration, the Commission believes that the State Department of Health should be given authority to determine by whom narcotic drugs should be sold and dispensed, by giving to such persons a special license, after investigation as to their fitness. The State Department of Health should provide for mani-

fold, uniform, prescription blanks, and a uniform system of orders, records and accounts, which would be of great assistance in securing information as to the extent and manner in which drugs are being used, and would be of signal assistance to the prosecuting authorities in locating violations of the law and in proving guilt.

By means of the assistance of local boards of health an efficient system of inspection could be established and enforced. The State Department of Health has already an efficient inspection force which could be utilized for this purpose. By requiring that all the rules and regulations made by the State Department of Health should be submitted to the Governor and his Council for approval, the public would be protected against unreasonable regulations. The State Department of Health should be given authority to establish all needful rules and regulations for carrying out the recommendations of this Commission.

9.

Private hospitals and sanatoria for the cure or treatment of drug habits should be specially licensed and frequently inspected. The drug addict has been considered legitimate prey by some of these institutions. A lenient and accommodating course of treatment intended to attract the addict of means is often the rule, and complaints have been made to this Commission. Innocent relatives and friends are usually the financial sufferers from this means of extortion. There can be no sincere treatment of a drug addict in institutions without physical restraint for some period.

10.

Drug addicts may be divided into two classes: the criminal and the noncriminal. The criminal class naturally finds its way into penal institutions, and in many instances excellent results are there obtained, so far as the drug habit is concerned.

Of noncriminal drug addicts, by far the most numerous, some are able to provide themselves with treatment; some are not. It is the duty of the State to provide for this latter

class, and to this end your Commission recommends that provision for custodial treatment for both sexes be made by the Commonwealth. We are firmly convinced that a State institution providing for the care of 150 patients would meet the present demand. To indicate the necessity of such an institution, at present the only provision under the laws of our Commonwealth for the treatment of female drug addicts is at the Westborough State Hospital for the Insane.

11.

Your Commission has been deeply interested in the problem presented to it, and we venture to express the hope that the legislation we have recommended will, if adopted, prove efficient, and the added powers given to the State Department of Health will result in a systematic and periodical investigation of the whole subject.

FRANK G. WHEATLEY.
HERMANN C. LYTHGOE.
ABRAHAM C. WEBBER.

APPENDIX.

SUGGESTED CHANGES IN PRESENT LAWS.

AN ACT RELATIVE TO THE SALE AND DISTRIBUTION OF NARCOTIC DRUGS.

Be it enacted, etc., as follows:

SECTION 1. It shall be unlawful for any person, firm or corporation to sell, furnish, give away or deliver coca leaves or any cocaine or any alpha or beta eucaine or any synthetic substitute for them, or any salts, compound or derivative thereof, except decocainized coca leaves and preparations thereof, or any **chloral,** opium, morphine, heroin, codeine or any preparation thereof, or any salt, compound or derivative of the same, except upon the written order of a manufacturer or jobber in drugs, wholesale druggist, registered pharmacist actively engaged in business as such, physician, dentist, veterinarian, registered under the laws of the state in which he resides, or an incorporated hospital, college or scientific institution through its superintendent or official in immediate charge, or upon the written prescription of a physician, dentist or veterinarian, registered under the laws of the state in which he resides, bearing the date when signed, his office address, the registry number given him under public acts two hundred and twenty-three of the sixty-third congress, approved December seventeenth, nineteen hundred and fourteen, the legal signature of the physician, dentist or veterinarian giving it, the name, **age** and address of the patient for whom prescribed, which prescription, when filled, shall show the date of filling **and the legal signature of the person filling it written across the face of the prescription, and there shall be annexed to such prescription after filling a certificate signed by the person receiving such drugs stating that he has received them** shall be retained on file by the druggist filling it for a period of at least two years. **No prescription for a narcotic drug shall be filled until the authority of the person issuing it shall be verified. Such verification may be made by telephone, or otherwise. No prescription shall be filled except in the manner therein indicated, and at the time it is received, and the full quantity of each substance prescribed shall be given. No order or prescription shall be received for filling more than five days after its date of issue as indicated thereon. Any pharmacist who fills a prescription for a narcotic drug shall securely attach to the container thereof a label giving his name and address, the date of filling, the name, age and address of the person to whom delivered and sold, the name and address of the physician, dentist, or veterinarian who issued it; and the narcotic drug so delivered shall always be kept in its container until actually used.** The prescription shall not again be filled, nor shall a copy of the same be made, except for the purpose of record by the druggist filling the same, and it shall at all times be open to inspection by the officers of the state department of health, the board of registration in pharmacy, the board of registration in medicine and the authorized agents of said departments and boards, and by the police authorities and police officers of cities and towns: *provided, however,* that the provisions of this act shall not apply to prescriptions nor to the sale, distribution, giving away or dispensing or possession of preparations or remedies, if such prescriptions, preparations and remedies do not contain more than two grains of opium or more than one quarter of a grain of morphine, or more than one eighth of a grain of heroin or more than one grain of codeine, or any salt, compound or derivative of any of them in one fluid ounce, or, if a solid or semi-solid preparation, in the avoirdupois ounce; nor to liniments, ointments or other preparations which are prepared for **and can be used for** external use only, except liniments, ointments and other preparations which contain cocaine or any of its salts or alpha or beta eucaine or any of their salts or derivatives, or any synthetic substitute for them; *provided,* that such preparations, remedies or prescriptions are sold, distributed, given away or dispensed or in possession in good faith as medicines and not for the purpose of evading the provisions of this act, and *provided, further,* that the possession of any of the drugs mentioned in this act, except prescriptions and preparations or remedies especially exempted in this section, by any one not being a manufacturer or jobber of drugs, or wholesale druggist, registered pharmacist, actively engaged in business as such, or a physician, dentist or veterinarian, registered under the laws of the state in which he resides, or superintendent or official in charge of an incorporated hospital, college or scientific institution shall be presumptive evidence that such possession was a violation of this act. The provisions of this section shall not apply to persons having in their possession any of the above mentioned articles by virtue of a legal prescription **legally issued as provided in this act, and not obtained by any false representation made to the physician, dentist or veterinarian issuing it, or to the pharmacist who filled it,** nor shall the provisions of this act apply to decocainized coca leaves or preparations made therefrom or to other preparations of coca leaves which do not contain cocaine.

(Formerly section 1 of chapter 187, General Acts of 1915. Words in bold-faced type are new.)

SECTION 2. It shall be unlawful for any practitioner of veterinary medicine or surgery to prescribe any of the drugs mentioned in section one of this act for the use of **or so that it may be used by** a human being, **and it shall be unlawful for any physician or dentist to prescribe, sell, give away, or deliver, any narcotic drug to any person except when the drug is obviously and in good faith then and there needed for the treatment and cure of a disease or ailment, and not from any condition or disease directly due to any drug habit or resulting solely from the failure of an habitual user of narcotic drugs to procure the particular narcotic drug or drugs to which he is addicted. No person shall issue a prescription for a narcotic drug to a minor.**

(Formerly section 2 of chapter 187, General Acts of 1915. Words in bold-faced type are new.)

SECTION 3. **It shall not be unlawful for a physician to personally administer any narcotic drug at any time and under any circumstances that a physician in good faith and in the legitimate practice of medicine believes to be necessary for the alleviation of pain and suffering and the treatment, cure, and the alleviation of disease.**

(Substituted for section 3 of chapter 187, General Acts of 1915.)

SECTION 4. Any manufacturer or jobber of drugs, and any wholesale druggist and any registered pharmacist actively engaged in business as such, any physician, dentist or veterinarian registered under the laws of the state in which he resides may sell coca leaves, cocaine or any alpha or beta eucaine or any synthetic substitute for them or any preparation containing the same, or any salts, compound or derivative thereof, or any **chloral**, opium, morphine, codeine, heroin or any preparation thereof, or any salt or compound or derivative of such substances, to any manufacturer or jobber in drugs, wholesale druggist, registered pharmacist actively engaged in business as such, or physician, dentist or veterinarian registered under the laws of the state in which he resides, or to any incorporated hospital, college or scientific institution, but such substances or preparations, excepting such preparations as are included within the exemptions set forth in section one, shall be sold only upon the written order of an incorporated hospital, college or scientific institution, duly signed by its superintendent or official in immediate charge, or upon a written order duly signed by such manufacturer or jobber in drugs, wholesale druggist, registered pharmacist actively engaged in business as such, or physician, dentist or veterinarian registered under the laws of the state in which he resides, which order shall state the

article or articles ordered, the quantity ordered and the date. The said orders shall be kept on file in the laboratory, warehouse, pharmacy or store in which they are filled by the proprietor thereof or his successors for a period of not less than two years after the date of delivery, and shall be at all times open to inspection by the state department of health, the board of registration in pharmacy, the board of registration in medicine and the authorized agents of said department and boards, and by the police authorities and police officers of cities and towns.

(Formerly section 4 of chapter 187, General Acts of 1915. Word "chloral" the only change.)

SECTION 5. Any manufacturer or jobber in drugs and any wholesale druggist and any registered pharmacist actively engaged in business as such, physician, dentist or veterinarian registered under the laws of the state in which he resides, and any incorporated hospital, college or scientific institution through its superintendent or official in immediate charge that shall give an order for any of the aforesaid drugs in accordance herewith shall preserve a duplicate thereof for a period of two years after the date of giving the same, which shall at all times be open to inspection by the state department of health, members of the board of registration in pharmacy, the board of registration in medicine and the authorized agents of said department and boards, and by the police authorities and police officers of cities and towns. The order now or hereafter required by the regulations of the commissioner of internal revenue under and by virtue of public acts number two hundred and twenty-three of the sixty-third congress, approved December seventeenth, nineteen hundred and fourteen, shall be deemed to be a sufficient order to comply with this and the preceding section.

(Formerly section 5 of chapter 187, General Acts of 1915.)

SECTION 6. Any person who, for the purpose of evading or assisting in the evasion of any provision of this act shall falsely represent that he is a physician, dentist or veterinarian, or that he is a manufacturer or jobber in drugs or wholesale druggist or pharmacist actively engaged in business as such, or that he is superintendent or official in immediate charge of an incorporated hospital, college or scientific institution, or a person registered under public act two hundred and twenty-three of the sixty-third congress, approved December seventeenth, nineteen hundred and fourteen, or who, not being an authorized physician, dentist or veterinarian, makes or alters a prescription **or written order** for any of the **narcotic drugs** above mentioned, **or knowingly issues or utters a prescription or written order falsely made or altered, or who-**

ever makes any false representation or statement as to his name, age, address, or in any particular, either in writing or orally, to any physician, dentist, pharmacist, or veterinarian for the purpose of procuring a prescription for, or the delivery of a narcotic drug, shall be deemed guilty of a violation of this act. **A prescription or order that is altered, or is obtained by a false representation shall be void and of no effect.**

(Formerly section 6 of chapter 187, General Acts of 1915. Words in bold-faced type are new.)

SECTION 7. The possession of a federal certificate issued under and by virtue of public act number two hundred and twenty-three of the sixty-third congress, approved December seventeenth, nineteen hundred and fourteen, by any person shall be prima facie evidence of an intent to sell, furnish, give away or deliver any of the drugs enumerated in this act.

(Formerly section 7 of chapter 187, General Acts of 1915.)

SECTION 8. Nothing in this act shall apply to common carriers engaged in transporting the aforesaid drugs or to any employee, acting within the scope of his employment, of any person who shall lawfully be in possession, for the purpose of delivery, of any of the drugs mentioned in this act, or to any person who shall deliver any such drug which has been prescribed or dispensed by a physician, dentist or veterinarian registered under the laws of the state in which he resides who has been employed to prescribe for the particular patient receiving such drug, or to a nurse under the supervision of a physician, dentist or veterinarian having possession or control by virtue of his employment or occupation and not on his own account, or to the possession of any of the aforesaid drugs which have been prescribed in good faith by a physician, dentist or veterinarian, or to any United States, state, county, municipal, district, territorial or insular officer or official who has possession of any of said drugs by reason of his official duties, or who, as an officer or duly appointed agent of any incorporated society for the suppression of vice, has the same in his possession for the purpose of assisting in the prosecution of violations of this act.

(Formerly section 8 of chapter 187, General Acts of 1915.)

SECTION 9. The provisions of this act, except those sections which require the ordering of the above enumerated drugs on an official order blank and the keeping of the same on file, and the keeping of the record relative thereto, shall apply to cannabis indica and cannabis sativa, except that the same shall not apply to prescriptions, preparations or remedies which do not contain more

than one half grain of extract of cannabis indica or more than one half grain of extract of cannabis sativa in one fluid ounce, or if a solid or semi-solid preparation in the avoirdupois ounce, nor to liniments, ointments or other preparations containing cannabis indica and cannabis sativa, which are prepared for external use only.

(Formerly section 9 of chapter 187, General Acts of 1915.)

SECTION 10. **No manufacturer or jobber in drugs or wholesale druggist or registered pharmacist shall fill any prescription or written order for a narcotic drug when he knows or has reasonable cause to suspect that the prescription or order was issued in violation of the provisions of this act, and any sale or delivery of a narcotic drug so made shall constitute an unlawful sale and delivery of a narcotic drug under this act.** *(New section.)*

SECTION 11. **No physician, dentist, or veterinarian, or any druggist or pharmacist, either wholesale or retail, shall solicit by public advertisement or otherwise for persons to apply to them for prescriptions for, or sales of, narcotic drugs, or publicly advertise any treatment the principal element of which consists in the administering, dispensing, furnishing, giving away or delivering of a narcotic drug.**

(New section.)

SECTION 12. **No druggist shall give any rebate, bonus, or commission to any physician, dentist or veterinarian by reason of any prescription for a narcotic drug filled by or sent to such druggist.**

(New section.)

SECTION 13. **All buildings, places or tenements which are resorted to by habitual users of narcotic drugs for the purpose of using narcotic drugs, or which are used for the illegal keeping or sale of narcotic drugs, shall be deemed common nuisances. Whoever keeps or maintains such common nuisance shall be punished by a fine of not more than one hundred dollars, or by imprisonment for not more than one year.** *(New section.)*

SECTION 14. Whoever, not being a manufacturer or jobber of drugs, wholesale druggist, registered pharmacist, registered physician, registered veterinarian, registered dentist, registered nurse **acting under the directions of a physician,** or an employee of

an incorporated hospital **under the direction of its superintendent or official in immediate charge,** or a common carrier or porter when transporting any drug mentioned herein between parties hereinbefore mentioned, **in the same package that the drug was delivered to him for transportation,** is found in possession thereof, except by reason of a physician's prescription **lawfully and properly issued to the person having possession of the drug,** shall be punished by a fine of not more than **one thousand** dollars or by imprisonment **for not more than three years** in the house of correction.

(Formerly section 3 of chapter 372, Acts of 1911, amended by chapter 283, Acts of 1912. Words in bold-faced type are new.)

SECTION 15. **Whoever shall have in his possession a narcotic drug with intent to unlawfully sell and deliver such drug, or any part thereof, or whoever unlawfully sells, furnishes, gives away or delivers any narcotic drug in violation of the provisions of this act, shall be guilty of a felony and shall be punished by a fine not exceeding two thousand dollars, and by imprisonment in the state prison for not more than three years, or in the jail or house of correction for not more than two years.**

(New section.)

SECTION 15. **It shall be unlawful for any person, not being a physician, dentist or a veterinarian, registered under the laws of this state or under the laws of the state in which he resides, wholesale druggist, registered pharmacist, manufacturer of surgical instruments or any official of any government, having possession thereof by reason of his official duties, or a registered nurse, acting under the directions of a physician, or the employee of an incorporated hospital, acting under the directions of its superintendent or official or officer in immediate charge, or a carrier or porter engaged in the transportation thereof, to have in his possession a hypodermic syringe, a hypodermic needle, or any instrument adapted for the use of narcotic drugs by subcutaneous injection. No such syringe, needle, or instrument shall be sold except to a registered pharmacist, physician, dentist, veterinarian, druggist or to a registered nurse upon the written order of a registered physician, or to an employee of an incorporated hospital upon the written order of its superintendent or officer in immediate charge. A record shall be kept by the person selling such instruments which shall give the date, the name and address of the person purchasing the same, and a description of the instrument, and a purchaser shall in writing receipt the said record for the instrument. This record shall be at all times open to inspection by the state department of health, the boards of registration in medicine, dentistry and veterinary medicine, and pharmacy, to the authorized agent of said department and boards and by the police authorities and police officers of cities and towns. Any violation of this section shall be punishable by a fine not more than one hundred dollars, or by an imprisonment in the jail or house of correction for not more than six months, or by both such fine and imprisonment.**

(New section.)

SECTION 17. **In a prosecution under this act for unlawfully prescribing, selling, furnishing, giving away, or delivering a narcotic drug in violation of any of the provisions of this act, it shall be sufficient to allege that the defendant did unlawfully prescribe, sell, furnish, give away, or deliver, as the case may be, the alleged narcotic drug, without any further allegations, and without expressly negativing the different exceptions of the act, and without naming the person for whom said prescription was issued, or the amount or quantity of the drug, or the person to whom such sale, furnishing, giving away or delivery was made; the defendant shall be entitled to a bill of particulars under the provisions of Revised Laws, chapter two hundred and eighteen, section thirty-nine.**

(New section.)

SECTION 18. **The defendant in a prosecution under this act who relies for his defence and justification upon a prescription, written order, registration, appointment, or authority, as excuse under this act, shall prove the same; and, until he has proved it, the presumption shall be that he is not so justified or authorized.**

(New section.)

SECTION 19. **A police officer may arrest without a warrant any person whom such officer has reasonable grounds to believe has violated any provisions of this act.**

(New section.)

SECTION 20. **The forms hereto annexed shall apply as well to complaints as to indictments, and such forms shall be sufficient in cases to which they are applicable. In other cases, forms as nearly like the forms hereto annexed as the nature of the cases and the provisions of law will allow may be used; but any other form of indictment or complaint which is authorized by law may be used.**

FORMS AND SCHEDULES OF PLEADING.

Common Nuisance. — That A. B., during the three months next before the finding of this indictment, at said [Boston], did keep and maintain a certain tenement resorted to by habitual users of narcotic drugs for the purpose of using narcotic drugs.

Keeping for Sale. — That A. B. did expose and keep for sale and delivery narcotic drugs with intent unlawfully to sell and deliver the same.

Unlawful Possession. — That A. B. did have in his possession unlawfully certain narcotic drugs, to wit, morphine (cocaine, heroin, or the name of drug as it is commonly known).

Unlawful Possession with Intent to sell. — That A. B. did have in his possession with intent to unlawfully sell and deliver a certain narcotic drug (naming the drug).

Conspiracy. — That A. B. and C. D. conspired together to engage in unlawful traffic in narcotic drugs.

Sale and Delivery. — That A. B. did unlawfully sell (or give away, or deliver) a narcotic drug, to wit, morphine (or name drug is commonly known by).

Unlawful Prescribing and Delivery, etc., by Physician, etc. — That A. B., a physician, (or pharmacist, dentist or veterinarian, etc.) did unlawfully prescribe (or sell, give away, furnish or deliver) a certain narcotic drug, to wit, (naming it) to a person known to be an habitual user of said drug.

Possession of Hypodermic Instrument. — That A. B. did have in his possession unlawfully a hypodermic syringe and needle.

False Making of Prescription. — That A. B. did falsely make (or alter) a prescription for a narcotic drug.

Uttering a False Prescription. — That A. B. did utter and publish as true a certain false prescription for a narcotic drug, well knowing the same to be falsely made (or altered).

Minor. — That A. B. did unlawfully sell (give away, furnish or deliver) a certain narcotic drug (naming it) to a person under the age of twenty-one years.

Misrepresentation. — That A. B. did falsely represent to C. D. (a physician, dentist, veterinarian, pharmacist, etc.) for the purpose of obtaining a narcotic drug that (state the substance of the statements claimed to be representations).

(New section.)

DEFINITIONS.

SECTION 21. **Terms used in this chapter shall be construed as follows, unless a different meaning is clearly apparent from the language or context, or unless such construction is inconsistent with the manifest intention of the legislature:** —

"Narcotic drug" shall include chloral and its compounds, coca leaves, or any cocaine, or any alpha, or beta, eucaine, or any synthetic substance for them, or any salts, compound or derivative thereof, except decocainized coca leaves and preparations thereof, or any opium, morphine, heroin, codeine, or any preparation thereof, or any salt, compound or derivative of the same, and any and all habit-forming drugs having narcotic properties.

"Physician," "practitioner of medicine," "veterinarian," "veterinary surgeon," "dentist" shall mean persons duly registered and authorized to practice medicine, veterinary medicine, surgery, and dentistry, within this commonwealth in accordance with the provisions of the statutes governing the same.

"Druggist," "apothecary" or "pharmacist" shall mean persons duly registered under Revised Laws, chapter 76, and being also actively engaged as a practitioner, or employee, in an established and fixed place of business for the sale, compounding and dispensing of drugs.

"Persons" herein used shall include all corporations, associations, partnerships, or other aggregations of individuals, including also their agents, clerks or salesmen.

"Opium," "morphine," "heroin," "codeine" and "cocaine" as used in statutes or in complaints or indictments shall include within their meaning any synthetic substance for such drugs or any salts, compounds, derivatives, or preparations thereof, except decocainized coca leaves and preparations thereof.

(New section.)

SECTION 22. The repeal of any law by this act shall not affect any action, suit or prosecution pending at the time of the repeal for an offense committed, or for the recovery of a penalty, or forfeiture incurred, under any of the laws repealed.

(Formerly section 10 of chapter 187, General Acts of 1915.)

SECTION 23. Whoever violates any provision of this act **the punishment therefor not being specifically provided for in this act** shall be punished by a fine of not more than one thousand dollars or by imprisonment in the house of correction or jail for a term not exceeding one year, or by both such fine and imprisonment.

(Formerly section 11 of chapter 187, General Acts of 1915. Words in bold-faced type are new.)

SECTION 24. **All acts or parts of acts inconsistent herewith are hereby repealed.**

(New section.)

SECTION 25. **This act shall take effect upon its passage.**

(New section.)

NEW LEGISLATION SUGGESTED.

AN ACT AUTHORIZING BOARDS OF REGISTRATION TO SUSPEND AND CANCEL CERTIFICATES AND REGISTRATION.

Be it enacted, etc., as follows:

SECTION 1. The boards of registration in medicine, dentistry, pharmacy and veterinary medicine in this commonwealth, after hearing, may, by a majority vote of such board, suspend, revoke or cancel any certificate, registration, license or authority issued by them, if it appears to such boards that any person having such certificate, registration, license or authority, is insane, or is guilty of deceit, malpractice, gross misconduct in such professions, or any offence against the statutes or laws of this commonwealth relating to such professions. A majority of the members of such board shall be a quorum and shall be qualified to act in such cases, and such persons whose certificates, registrations, licenses or authorities are suspended or revoked shall be also liable in damages to the person injured thereby, and to such other punishment as may be provided by law. The different boards may make such rules and regulations as they deem proper for the filing of charges and the conduct of hearings.

SECTION 2. If a person against whom charges are filed has left the commonwealth, or cannot be found by reasonable search, he shall not be entitled to notice of a hearing upon such charges, and the person against whom charges are filed may appear at the hearing thereof with his witnesses and be heard by counsel. Witnesses at hearings before such boards shall testify under oath and may be sworn by any member of such boards. The boards shall each have the power to send for persons and compel the attendance of witnesses and the production of documents and records at said hearings and the statutes relating to the witnesses appearing before the superior court shall apply thereto.

SECTION 3. Such boards shall not defer action upon any charge before them until the conviction of such person by law, neither shall the pendency of any charge before such board act as a continuance or ground for delay in a criminal action.

SECTION 4. The supreme judicial court shall, upon petition of a person whose certificate, registration, license or authority has been suspended, revoked or cancelled, have a right to annul any such action of a board, if it should appear that such board was clearly wrong; but until it shall appear by affirmative evidence that any board has so acted wrongfully no order or decree shall be made or entered by the court which shall stay or supersede any suspension, revocation or cancellation of any certificate, registration, license or authority.

SECTION 5. Whoever continues to practice medicine, dentistry, veterinary medicine or surgery, or pharmacy, after his license, registration, certificate or authority to do so is suspended, cancelled or revoked, shall be punished by a fine of not more than one hundred dollars, or by imprisonment in the jail for not more than three months, or by both such fine and imprisonment.

SECTION 6. This act shall take effect upon its passage.

AN ACT RELATIVE TO THE LICENSING OF DEALERS IN NARCOTIC DRUGS.

Be it enacted, etc., as follows:

SECTION 1. No wholesale or retail druggist or pharmacist, or other person, shall sell, offer for sale, or have in his custody or possession with intent to sell, exchange or deliver any narcotic drug without a license issued by the state department of health. Any person desiring such a license may make written application to the department, stating the place where such drugs are to be sold. If the department, upon investigation, shall find that any applicant is a fit person to hold such license the department may cause a license to be issued authorizing the applicant to deal in narcotic drugs for the period of one year. The license shall be issued upon payment by the applicant of a license fee of two dollars to the treasurer of the commonwealth. The department shall have the power to suspend the license in case any licensee shall fail to observe any rule or regulation made by said department or for any violation of law, and every such licensee shall submit a semi-annual report to the state department of health on a printed form to be provided by the department, and said report shall state the quantities of narcotic drugs purchased and received by the licensee and the manner in which the same has been distributed during the preceding six months.

SECTION 2. The state department of health shall make all rules and regulations necessary to secure a proper enforcement of the provisions of this act, and may make rules and regulations with respect to the use of marks or labels and the display of signs, and to the manner of transportation of narcotic drugs, and may fix penalties for the breach thereof, and all rules and regulations established shall be subject to the approval of the governor and his council. The department shall establish a uniform prescription blank for use by physicians, dentists and veterinarians, and written orders for delivery of drugs; and shall establish such a system by which the department shall be informed by means of a manifold system of writing, filling, and filing prescriptions for drugs, of the extent of the use of narcotic drugs in this commonwealth.

SECTION 3. The state department of health shall inspect the premises of any holder of a license at least once in every three months or oftener as the department may deem necessary to secure proper enforcement of this act. The members of the department, or its duly authorized agents, inspectors or employees, or the police officers of cities and towns, shall be permitted access to such premises and all parts thereof for the purpose of inspection and enforcement of the provisions of this act, and of any other provision of law relating thereto. The department may also appoint and designate such persons as it deems qualified to make the inspections herein required.

SECTION 4. A licensee shall in all respects be bound by the provisions of law regulating the sale and distribution of narcotic drugs.

SECTION 5. Whoever engages in the business of dealing in narcotic drugs without a license provided for in this act, or whoever having such a license violates any of the provisions of this act or any of the rules or regulations of the state department of health, shall be punished by a fine not exceeding five hundred dollars or by imprisonment for not more than one year.

SECTION 6. This act shall take effect upon its passage.

WSH # 20980

END OF
TITLE